



Arizona State Health Insurance Assistance Program  
 1789 W. Jefferson Street  
 Site Code 950A  
 Phoenix, AZ 85007  
 1-800-432-4040

## State Health Insurance Assistance Program (SHIP) Volunteer Application

Volunteer's Name (Last, First, M.I.) Home Phone Work Phone

Street Address City State Zip

Best Time to be reached and at what number?

### Experience

Currently employed? ☐ Yes ☐ No Current or Previous Occupation and Title?

Education/Training:

Employment Experience:

Volunteer Experience:

Insurance Experience:

Are you currently employed by an insurance company or providing insurance services through your employment? ☐ Yes ☐ No

If Yes, Please Explain:

Language(s) Spoken:

Language(s) Read:

Car available: ☐ Yes ☐ No Do you have liability insurance? ☐ Yes ☐ No

Do you have health problems which might affect your ability to work? ☐ Yes ☐ No

If yes, please explain:

Days available for assignment: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Monday through Friday

Hours preferred: ☐ 8am to 12pm ☐ 12pm to 4pm

Number of hours available each week:

Some benefits assistance clients are homebound. Would you be willing and/or available to provide this service (working with another Counselor as a team) in a client's home by appointment? ☐ Yes ☐ No

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

## References (Persons not related to you)

1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
3) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

How did you learn about the Arizona State Health Insurance Assistance Program:

Training consists of an initial four day training and periodic in-service meetings.  
Does your schedule allow for this time commitment?

☐ Yes ☐ No

I understand that the State Health Insurance Assistance Program cannot be used to promote or sell products or services, and that I will be dealing with confidential information.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

Please fax completed application to the attention of: **SHIP**  
Fax #: 602-542-6575

Or mail to the address at the top of page one of this form